CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

City Clerk's Office
JUL 08 2019
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A PUBLIC DOCUMENT

1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable □ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency. □ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency. □ Jurisdiction of Office (Check at least one box) □ State □ Jurisdiction of Office (Check at least one box) □ State □ Jurisdiction of Office (Check at least one box) □ State □ Jurisdiction of Office (Check at least one box) □ Clity of Multiplicas □ Check one of Statement (Check at least one box) □ Clity of Multiplicas □ December 31, 2018. □ December 31, 2018. □ December 31, 2018. □ Assuming Office: Date assumed □ Intrough □ December 31, 2018. □ Assuming Office: Date assumed □ Intrough □ Candidate: Date of Election □ and office sought, if different than Part 1: 4. Schedule Summary (must complete) ➤ Total number of pages including this cover page: □ Schedule A-1 - Investments - schedule attached □ Schedule A-1 - Investments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel Payments - schedule attached □ Schedule B-1 - Travel	NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Liffing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Agency: Position: County of Milpitas Judge or Court Commissioner (Statewide Jurisdiction) State Multi-County County of Other County of Milpitas County of Other 3. Type of Statement (Check at feast one box) Annual: The period covered is January 1, 2018, through December 31, 2018. The period covered is Judge or Court Commissioner (Statewide Jurisdiction) The period covered is Judge or Court Commissioner (Statewide Jurisdiction) Check one circle. The period covered is Judge or Court Commissioner (Statewide Jurisdiction) Check one circle. The period covered is Judge or Court Commissioner (Statewide Jurisdiction) Check one circle. The period covered is Judge or Court Commissioner (Statewide Jurisdiction) Check one circle. The period covered is Judge or Court Commissioner (Statewide Jurisdiction) Check one circle. The period covered is Judge or Court Commissioner (Statewide Jurisdiction) Check one circle. The period covered is Judge or Court Commissioner (Statewide Jurisdiction) Check one circle. The period covered is Judge or Court Commissioner (Statewide Jurisdiction) Check one circle. The period covered is Judge or Court Commissioner (Statewide Judge) Check one circle. The period covered is Judge or Court Commissioner (Statewide Judge) Check one circle. The period covered is Judge or Court Commissioner (Statewide Judge) Check one circle. The period covered is Judge or Court Commissioner (Statewide Judge) The period covered is Judge or Court Commissioner (Statewide Judge) The period covered is Judge or Court Commissioner (Statewide Judge) The period covered is Judge or Court Courts (Judge of Court Indiana, Judge of Court Indi	Edmonds-Mares	Julie		
City of Milipitas Division, Board, Department, District, if applicable City Manager If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Agency: Position: Agency: Position of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County Other	1. Office, Agency, or Court			
Division, Board, Department, District, if applicable City Manager's Office If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Multi-County Position:	Agency Name (Do not use acronyms)			
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Agency:	City Manager's Office	City	Manager	
State	▶ If filing for multiple positions, list below	or on an attachment. (Do not use acronyms)		
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Multi-County City of Milipitas Other	2. Jurisdiction of Office (Check at	least one box)		
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4. Schedule Summary (must complete) ➤ Total number of pages including this cover page: Schedules attached Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Tor None - No reportable interests on any schedule 5. Verification MALING ADDRESS STREET CITY STATE ZIP CODE Milpitas CA 95035 DAYTIME TELEPHONE NUMBER (408) 586-3000 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed July 6, 2019	Assuming Office: Date assumed	O		
Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Schedule attached Income – Income – Gifts – Schedule attached Schedule D - Income – Gifts – Schedule att	Candidate: Date of Election	and office sought, if different the	nan Part 1:	
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STATEMENT OF ECONOMIC INTERESTS City Pete Initial Filing Received

COVER PAGE

JUN 05 2019

Please type or print in ink.

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
McHarris	Steve	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		and the second s
City of Milpitas		
Division, Board, Department, District, if applicable		Your Position
City Manager's office		Interim City Manager
▶ If filing for multiple positions, list below or on an attac	chment. (Do not us	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one box	()	
☐ State	,	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
☑ City of Milpitas		
≥ City of		Other
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2018, the	nrough	Leaving Office: Date Left/
December 31, 2018.		(Check one circle.)
The period covered is/	, through	The period covered is January 1, 2018, through the date of office.
Assuming Office: Date assumed	2019	The period covered is, through the date of leaving office.
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-or- ⊠ None - No reportable interests on any	schedule •	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
455 E. Calaveras Blvd.	Milpitas	CA 95035
DAYTIME TELEPHONE NUMBER	·	EMAIL ADDRESS
(408) 586-3059		smcharris@ci.milpitas.ca.gov
I have used all reasonable diligence in preparing this stat herein and in any attached schedules is true and comple		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of t	he State of Califor	nia that the foregoing is true and correct.
Date Signed June 5, 2019	_	Signature